

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5488

State File No.

FILED MAR 7 1955
BIRTH NO. 90-29-15 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (If this place) <u>15 hrs</u>	c. CITY OR TOWN <u>Laclede</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McGurney Hospital</u>		STREET ADDRESS (If rural, give location) <u>0580</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DEBRA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>LARK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-15-55</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Alfred Lark</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Couch</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Lark, Laclede, Missouri</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia</u> <u>(33 wks of Pneumonia)</u>		
	DUE TO (c) <u>Myocardial Infarction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I, hereby certify that I attended the deceased from Feb 15, 1955, to Feb 15, 1955, that I last saw the deceased alive on Feb 15, 1955, and that death occurred at 3:16 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy R. Haley, M.D.</u> (Degree or title)	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>Feb. 16, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-24-55</u>	REGISTRAR'S SIGNATURE <u>Nadine Stambach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Funeral Home, Laclede Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Knight*.....

Licensed Embalmer No. *465*.....

P. O. Address *Lucas, N.J.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.